



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

HEALTHTRUST
PO BOX 890008
HOUSTON, TX 77289

Respondent Name

INDEMNITY INSURANCE CO OF NORTH

Carrier's Austin Representative Box

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MFDR Tracking Number

M4-12-2254-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier gave preauthorization for 6 sessions of individual psychotherapy as you will see in the attached documentation. The carrier is basing their denial on timely filing. HealthTrust contacted Sedgwick to inquire about the outstanding date of service. They notified HealthTrust that they never received the bill. HealthTrust submits all of its bills electronically and has confirmation that these bills were sent and received by Sedgwick. For the date of service 7/14/11, Sedgwick sent a denial letter from the original submission stating that the services were not medically necessary, even though preauthorization was granted and medical necessity was established."

Amount in Dispute: \$295.12

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a response.

Response Submitted by: N/A

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| June 16, 2011 | 90806 | \$295.12 | \$282.07 |
| July 14, 2011 | 90806 | | |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. 28 Texas Administrative Code §134.203 sets out the guidelines for reimbursement of Workers' Compensation Professional Services provided on or after March 1, 2008.
5. 28 Texas Administrative Code §134.600 sets out the guidelines for preauthorization of specific treatments and services.
6. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
7. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
8. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 02/07/2012

- 29-The time limit for filing has expired.
- 50-These are non-covered services because this is not deemed a medical necessity by the payer.
- 937-Service(s) are denied based on HB7 provider timely filing requirement. A provider must submit[sic] a medical bill to the insurance carrier on or before the 95th day after the date of service.
- PI- These are adjustments initiated by the payer, for such reasons as billing errors or service that are considered not reasonable or necessary. The amount adjusted is generally not the patient's responsibility, unless the workers compensation state law allows the patient to be billed.

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and 28 Texas Administrative Code §102.4?
3. Were the services preauthorized as medically necessary by carrier/respondent prior to dates of service?
4. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to 28 Texas Administrative Code §133.20(b) states in pertinent part "Except as provided in Texas Labor code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that Texas Labor Code §408.0272 applies to the service in dispute. For that reason, the requestor in this dispute was required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Texas Administrative Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus 5 days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
2. Review of the documentation submitted by the Requestor finds a copy of two P2P Link reports which show initial bills for date of service 06/16/2011 and 07/14/2011 were sent to respondent on 06/23/2011 and 07/28/2011. In accordance with Texas Labor Code §408.027, the Requestor has timely submitted bill to the respondent within 95 days after the date of service.
3. 28 Texas Administrative Code §134.600(c)(1)(A) and (B), states "The carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur:
 - (A) An emergency, as defined in Chapter 133 of this title (relating to General Medical Provisions);
 - (B) Preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care."
 28 Texas Administrative Code §134.600 (p)(7) states, "all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program."
4. Review of the submitted documentation finds a letter of preauthorization for 6 units of CPT code 90806 dated

06/07/2011. Per 28 Texas Administrative Code §134.600(c)(1)(B), respondent inappropriately denied disputed services with denial code “50- These are non-covered services because this is not deemed a medical necessity by the payer.” Therefore, reimbursement is recommended per 28 Texas Administrative Code §134.203 as follows:

CPT code 90806: 54.54 WC CF/33.9764 Medicare CF x 87.86 Participating amount x 2 DOS= \$282.07

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$282.07.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$282.07 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

| | | |
|-----------|--|------------|
| _____ | _____ | 05/11/2012 |
| Signature | Medical Fee Dispute Resolution Officer | Date |

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.